



2015

Summer Youth Volunteer Program June 15, 2015 to August 14, 2015

We are happy that you are interested in volunteering at VA Southern Nevada Healthcare System.



We have a great summer planned full of opportunities to make a difference.

You will:

- Make friends
- Learn new skills
- Receive a certificate if you complete 60 or more hours
- Explore careers in healthcare
- HAVE FUN!!

It only takes five steps to secure your spot. Sign up today!

FIVE STEPS TO BECOME A YOUTH VOLUNTEER

1. Call to set up an interview. All interviews will be conducted:

Tuesday, March 31	9:00AM – 11:00AM or 1:00pm-3:00pm
Wednesday, April 1	4:00PM – 6:00PM
Saturday, April 4	10:00AM – 12:00PM or 1:00pm-3:00pm

Each interview will be a 2 hour group interview.

VA Southern Nevada Healthcare System Hospital

6900 N. Pecos Road
Room 1C207
North Las Vegas, NV 89086
(702) 791-9134

If you are a returning volunteer who received your certificate last year, you do not need to re-interview, but you must get your application materials in no later than April 3.

2. Fill out the attached application materials and bring them to your interview. Please make sure to have parental signatures.

If you are accepted into the program you will complete the following steps:

- 3.** Completed TB test through our Occupational Health Department.
- 4.** Get your picture taken and ID made by Human Resources.
- 5.** Attend **Mandatory** Summer Youth Orientation on:

Date: Monday, June 15, 2015
Time: 8:00am-3:00pm
Place: Auditorium
VA Southern Nevada
Healthcare System Hospital



Department of Veterans Affairs		APPLICATION FOR VOLUNTARY SERVICE	
<p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of veteran patients in all VA facilities.</p> <p>PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA125 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.</p>			
NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State and Zip Code)	DATE
<div style="border: 1px solid black; height: 25px;"></div>		<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Telephone Number	Email Address (Optional)	Date of Birth	
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
<div style="border: 1px solid black; height: 25px;"></div>		ASSIGNMENT PREFERENCES	
		1. <div style="border: 1px solid black; width: 100px; height: 25px;"></div>	2. <div style="border: 1px solid black; width: 100px; height: 25px;"></div>
		3. <div style="border: 1px solid black; width: 100px; height: 25px;"></div>	
EXPERIENCE AND TRAINING (special skills/abilities)			
<div style="border: 1px solid black; height: 40px;"></div>			
RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)		AVAILABILITY (Days and times)	
<div style="border: 1px solid black; height: 60px;"></div>		<div style="border: 1px solid black; height: 60px;"></div>	
IN CASE OF EMERGENCY PLEASE CONTACT (name, relationship, phone number)			
<div style="border: 1px solid black; height: 25px;"></div>			
<p>Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.</p>			
		<div style="border: 1px solid black; width: 250px; height: 25px;"></div>	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>
		Volunteer's Signature	Date
<p>I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.</p>			
		<div style="border-top: 1px solid black; width: 100%;"></div> VAVS Program Manager - Appointing Official Signature	
		<div style="border-top: 1px solid black; width: 100%;"></div> Date	
OFFICE USE ONLY			
1. SUPERVISOR	<div style="border: 1px solid black; width: 250px; height: 25px;"></div>	2. SUPERVISOR PHONE NUMBER	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
3. ORIENTATIONS	<div style="border: 1px solid black; width: 250px; height: 25px;"></div>	4. UNIFORM	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
COMMENTS	NAME AND TITLE OF REVIEWER		DATE
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>		<div style="border: 1px solid black; height: 40px;"></div>

NOTE TO STUDENTS AND PARENTS: The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients and volunteers come from diverse backgrounds. Eligible veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide veterans care and to protect our employees, patients and volunteers as that care is provided.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature_____

Date _____

PARENT/GUARDIAN: The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature_____

Date _____

NOTE: Completion of this application does not guarantee acceptance into this program.

VOLUNTEER INFORMATION SHEET

Date (Month/Day/Year) _____/_____/_____

FULL NAME: _____

Date of Birth: _____ Place of Birth (City/State) _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

MOTHER'S MAIDEN NAME: _____

EMERGENCY CONTACT NAME: _____

RELATION: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

HAVE YOU HAD THE FLU VACCINE FOR 2012-2013 FLU SEASON?

☐ YES

☐ NO

WHERE: _____ WHEN: _____

☐ Entered VISTA

☐ Entered OHRS

STUDENT VOLUNTEER PARENTAL APPROVAL

_____ has my approval to work as a Volunteer within the Department of Veterans Affairs and my permission to receive diagnosis or emergency medical treatment if injured while volunteering.

Parent/Guardian Signature _____ Date _____

Parental/Guardian Authorization for Treatment of Minors (under 18)

I authorize that, in the event of an illness or injury, medical or hospital care is provided to:

I further authorize each of the following:

1. I grant permission to the attending physician or VA Southern Nevada Healthcare System staff member to employ such diagnostic procedures and medical treatment as deemed necessary.
2. I authorize the infection control nurse to administer a TB Blood Test with the understanding this will be a two-step process in the beginning and a annual requirement thereafter, Is the results are positive, I further authorize that a chest x-ray be given.
3. I authorize the VA Southern Nevada Healthcare System Employee Health Service or other medical care units to release medical record information to the appropriate health insurance carrier in order to the process claims.
4. I understand that I am financially responsible for charges not covered by the VA Southern Nevada Healthcare System's insurance and hereby guarantee full payment to the physicians or healthcare units.

Name of Parent/Guardian (please print):

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Name of family

Physician: _____

Signature of Parents: _____ Date: _____

Signature of Guardian/Custodian: _____ Date: _____

VA SOUTHERN NEVADA HEALTHCARE SYSTEM EMPLOYEE HEALTH SERVICE use only

For telephone authorization only:

Parent/Guardian Contacted:

_____ Phone: _____

Witnesses:

Date: _____ Time: _____

NAME _____

E-MAIL _____

SHIRT S M L XL XXL XXXL

(Circle one)



SUMMER 2015 SCHEDULE

June

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	1	2	3	4	5
PM					
AM	8	9	10	11	12
PM					
AM	15 ORIENTATION	16	17	18	19
PM					
AM	22	23	24	25	26
PM					
AM	29	30			
PM					

July

	Monday	Tuesday	Wednesday	Thursday	Friday
AM			1	2	3 CLOSED
PM					
AM	6	7	8	9	10
PM					
AM	13	14	15	16	17
PM					
AM	20	21	22	23	24
PM					
AM	27	28	29	30	31
PM					

August

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	3	4	5	6	7
PM					
AM	10	11	12	13	14 AWARDS
PM					
AM	17	18	19	20	21
PM					
AM	24	25	26	27	28
PM					

INSTRUCTIONS:

1. Fill in your name, e-mail address and shirt size

2. Fill in at least 15 shifts (morning or afternoon) to equal 60 hours. You can select additional shifts, but you must have at least 15. MORNING = 8:00 - 12:00 AFTERNOON = 12:00 - 4:00 (Variations on shifts must be approved by the Chief.)

3. All hours count towards your 60 hours, including orientation or any other training offered through Voluntary Service.

4. Assignments will be made after interviews and selections have been completed.

VA SOUTHERN NEVADA
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network